

Delaware Health and Social Services
Medical Care Advisory Committee (MCAC)
October 28, 2015

<p>Date: October 28, 2015</p> <p>Place: Easter Seals 61 Corporate Circle New Castle, DE 19720</p> <p>Time: 9:00 AM – 11:00 AM</p> <p>Presiding: Chair, Dr. Julia Pillsbury, D.O.</p>	<p>Members Present: Kris Bennett, Judith Chaconas, Paul Christian, DDS, James Lafferty, Dr. Leonard Nitowski, M.D. (via phone), Ann Phillips, cherry Verchick (for Damaris Piliro), Dr. Julia Pillsbury, D.O., Yrene Waldron</p> <p>Members Absent: Thomas Barlow, Nadine Chance, Penny Chelucci, LoriAnn Rhoads, Lynn Robinson, Lisa Schieffert</p> <p>Staff Present: Janet Bailey, Cynthia Denemark, Kathleen Dougherty, Stephen Groff, Rebecca Gallagher, Jose Tieso, Lisa Zimmerman</p> <p>Staff Excused: Dr. Anthony Brazen, D.O., Kay Wasno, Glyne Williams</p>
TOPIC FOR DISCUSSION	DISCUSSION / ISSUE
<p>Call to Order: Chair, Dr. Julia Pillsbury, D.O.</p>	<ul style="list-style-type: none"> Chair Dr. Pillsbury welcomed everyone and called the meeting to order at 9:02 AM.
<p>Approval of Minutes: Chair, Dr. Julia Pillsbury, D.O.</p>	<ul style="list-style-type: none"> Chair Dr. Pillsbury announced the minutes were not complete as yet and would be mailed out to the Committee member for approval at a later date. Chair Dr. Pillsbury called for introductions around the room.
<p>Standing Committee Reports:</p> <p>Director's Update: <i>Director Groff</i></p>	<p>Director Groff reported:</p> <ul style="list-style-type: none"> BUDGET – the Department's budget hearing is November 19th; we present our budget requests to the Budget Director for her consideration in developing the Governor's Recommended Budget which will be released in January. We anticipated having no additional funding needs because of the continued savings from the ACA, which would have offset the total growth in the program. However, an unexpected change in the federal matching rate coupled with Medicare premium increases resulted in a door opener request of \$13.5 million. We are fortunate to have 3 discretionary requests considered <ul style="list-style-type: none"> 1) an increase in the personal needs allowance for individuals who reside in nursing facilities. Individuals are currently allowed to keep \$44.00 a month for their personal needs and that has not increased since 2002. This is the allowance for individuals to purchase toiletries, get their hair done, gifts to grandchildren, etc. We would like to raise that to \$50.00 a month.

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Director's Report Cont'd: <i>Director Groff</i>	<p>2) An increase in the bed hold days for ICF IDD's. We have 2 intermediate facilities for individuals with intellectual developmental disabilities; Mary Campbell Center and Stockley Center. It is very challenging for them when people need to go to the hospital to hold beds and there is really no other place for the individuals to return to, so we would like to increase the bed hold days from 7 to 14 while the individual is in the hospital and Medicaid would pay to continue to hold those beds for that period of time.</p> <p>3) The major initiative is the dental benefit for adults</p> <ul style="list-style-type: none">• HEALTH INTEGRITY REPORT UPDATE - The JFC charged DMMA to hire a vendor to look at fraud, waste and abuse. There was a 6 month pilot period with a report due last month. We have been working with the vendor "Health Integrity"; it's been a very interesting and valuable exercise. This has been more difficult than initially imagined. They worked very closely with our staff to put in place new edits and audits. We worked primarily in the FFS area; they have done reviews around 3 years' worth of FFS claims. The total amount of those claims were approximately 250 million dollars and identified 11 million dollars of potentially recoverable claims. I am hopeful we will be given the opportunity to continue the relationship with this vendor and explore more opportunities. I have a hearing with the JFC November 30th or December 2nd (it hasn't been finalized yet) to go over the findings and present my recommendations as to a path forward; we will know more after that.• FLOURIDE VARNISH – We issued guidelines and instructions around Fluoride Varnish and how we're going to cover that benefit. We have providers that have enrolled; we have not yet received any invoices. We are interested in promoting oral health in any way we can. This is not a requirement that providers have to participate in but we encourage it.• Two more items Director Groff wanted to mention that were not on the Agenda:<ul style="list-style-type: none">○ Federal Marketplace open enrollment begins November 1st; we will be entering our 3rd open enrollment. I am hopeful Director Laura Howard from the Health Care Commission will be able to join us at the next meeting and give us an update as to what is going on there.○ Lastly, Department of Labor issued regulations around self-directed attendant care providers and how they are now covered under the fair labor standards act and therefore are entitled to minimum wage, overtime and travel time. The rule was put on hold pending a court
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<p>Director's Update Cont'd: <i>Director Groff</i></p>	<p>action; the court has now released it and we believe it will go into effect January 1st. We have made a commitment that this will not result in any reduction in service hours for our consumers because that would be contrary to our mission. We also have some consumers who receive more than 40 hours of care from an attendant and we will grandfather them in; we will be working in the future to more efficiently schedule those services to avoid overtime and reduce travel time as much as possible. Emergency procedures will be in place to allow for overtime.</p>
<p>Open Enrollment Update: <i>Chief Administrator Dougherty</i></p>	<p>Chief Administrator Dougherty reported:</p> <ul style="list-style-type: none"> • OPEN ENROLLMENT - The MCO's and managed care members started Open Enrollment on October 1st. Our Health Benefit Manager (HBM) started taking calls on Monday, October 5th. 9,671 calls came in to the HBM and approximately 3500 members made changes to their plans, which they can do yearly at this time for any reason. The phones are steady this year; some individuals are leaving messages to be called back if they don't want to wait and they are being called back within 24 hours, unlike last year. We are getting updates weekly from our HBM and the good news is that we are not receiving calls from members having difficulty getting through; the manager is there to answer their questions.
<p>Pharmacy Update <i>Pharmacy Director Denmark</i></p>	<p>Pharmacy Director Denmark reported:</p> <ul style="list-style-type: none"> • Daraprim has been in the news for quite a while; it treats an infectious disease that normally attacks people with HIV. In the last 6 weeks, it went from \$13.50 per tablet to \$750.00 per tablet. One client received this treatment during this period of increase. One weeks' prescription was \$27,000.00. A pharmacy in California is now compounding the tablets for \$7.00 per tablet. • SOLDAVI is a high cost prescription drug currently used in the United States to treat Hep C. A treatment costs \$75,000.00. Doctors are now recommending the screening for Hep C during an annual physical, which apparently is a routine test now for baby boomers. Medicaid is working to decide on where is the appropriate level to treat? • An in-depth discussion and question and answer period resulted. At the end of the discussion, Director Groff stated he would like, as a follow-up to the meeting, to send out some of the information, perhaps

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<p>Deputy Director's Update: <i>Deputy Director Zimmerman</i></p>	<p>answers to some of the questions today in a summarized fashion for everyone to look at as well as the P & T Committee meeting and their recommendations; sharing that and perhaps at the next meeting, we could get a formal consensus of the group. I think that would be very helpful to the Secretary and for me to make recommendations as far as what we think the path moving forward should look like.</p> <p>Deputy Director Zimmerman reported:</p> <ul style="list-style-type: none">• HCBS FINAL RULE - transition plan was initially submitted to CMS in March. Before the second version of that plan was submitted, we went out to public hearings in all three counties and captured feedback, submitting the second version on September 17th. One of the things we heard when we were out at public hearings, was we were not meeting people where they needed us to meet them; we were expecting them to come to us and provide feedback. In response to that message, we took action and created a speakers bureau. We have a group of folks including Steve and myself that are available to go out and speak about the rule and transition plan. We are doing email blasts to the stakeholders and have created a dynamic website around this: http://dhss.delaware.gov/dhss/dmma/hcbs_trans_plan.html . Please log on and see certification, transition plan and Q & A's.• ICD-10 UPDATE – We conducted weekly calls with the MCO's and HP around their work related to ICD-10. We also conducted monthly calls with this group. We did a touch point yesterday and heard very positive things. CMS has a daily call with our IT team around ICD-10 and monitor it very closely. If you have any concerns, please let us know right away.
<p>Public Comment</p> <p>ADJOURNMENT: <i>Dr. Julia Pillsbury, D.O., Chair</i></p>	<p>PUBLIC COMMENT – No public comments were offered.</p> <p>Being no further business to discuss, Chair Dr. Julia Pillsbury, D.O. adjourned the meeting at 10:37 AM.</p>

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Respectfully submitted,

Rebecca Gallagher

Rebecca Gallagher, Recorder

2/18/16

Date Approved

Dr. Julia Pillsbury, D.O.

Dr. Julia Pillsbury, D.O., Chairperson